

MOUNTAIRE Request for Vacation or Floating Holiday			
SECTION 1 To Be Completed by Employee		Date of Request <u>10/30/03</u> D.O.H. - <u>1/6/03</u>	Dept. <u>Sk22 #2</u>
Employee Name: <u>Arthur Fogue</u>		SS# <u>221-34-3196</u> <u>225-50-8800</u>	
<div style="text-align: right;"> <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried </div>			
VACATION: <input type="checkbox"/> Other _____ Time Requested FROM _____ TO _____ <input type="checkbox"/> Full Day Date Requested _____ <input type="checkbox"/> Extended Period Dates Requested FROM _____ TO _____			
FLOATING HOLIDAY: Date Requested <u>Nov. 7th, 2003</u> Calendar (circle one) <u>Anniversary</u>			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
Employee Signature <u>Arthur Fogue</u>		Date _____	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2 To Be Completed by Human Resources		DATE OF HIRE: <u>4, 16, 01</u>	
Vacation		Floating Holidays	
1) Total Days Eligible: _____	Total Days Eligible: _____	03 NOV 03 <u>PAYROLL</u> <u>NOV 03 2003</u> <u>WEEK END</u>	
2) Days Taken: _____	Days Taken: _____		
3) Days Requested: _____	Days Requested: _____		
4) Days Remaining: _____	Days Remaining: _____		
(1 - 2 - 3 = 4)			
Human Resources Representative's Signature _____		Date _____	
SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)			
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> <u>Willie Davis</u> <u>10/30/03</u> Signature Date		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature Date	
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature Date		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature Date	
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			

MOUNTAIRE FARMS OF DELMARVA **Request for Vacation or Floating Holiday**

SECTION 1*To Be Completed by Employee*

Date of Hire

4/16/01

Dept.

5620

Employee Name:

Arthur Fosque

SS#

221-34-3196☒ Union☐ Non-Union Hourly☐ Salaried**VACATION:**☐ 1/2 Day

Date Requested _____

☐ Full Day(s)

Date(s) Requested _____

FLOATING HOLIDAY:

(circle one)

Date Requested

Nov. 15th, 2001Calendar

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Employee Signature Arthur FosqueDate 10/19/01

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2*To Be Completed by Human Resources*VacationFloating Holidays

1)

Total Days Due: _____

Total Days Due: _____

2)

Days Requested: _____

Days Requested: _____

3)

Days Remaining: _____

Days Remaining: _____

(1 - 2 = 3)

PAYROLL**NOV 17 2001****WEEK ENDING**

Human Resources Representative's Signature _____

Date _____

SECTION 3*To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☐Disapproved ☐SUPERINTENDENT: Approved ☐Disapproved ☐Signature Willie [Signature]

Date _____

Signature _____

Date _____

FOREMAN: Approved ☐Disapproved ☐PLANT MANAGER: Approved ☐Disapproved ☐

Signature _____

Date _____

Signature _____

Date _____

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

D00028

MOUNTAIRE FARMS OF DELMARVA

Request for Vacation or Floating Holiday

SECTION 1*To Be Completed by Employee*

Date of Hire

4/16/01

Dept.

5620

Employee Name:

Arthur Fosque

SS#

221-34-3196

- ☒ Union
☐ Non-Union Hourly
☐ Salaried

VACATION:☐ 1/2 Day

Date Requested

1 wk☒ Full Day(s)

Date(s) Requested

money only(1 week Due)**FLOATING HOLIDAY:**

(circle one)

Date Requested

Calendar

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Employee Signature

Arthur Fosque

Date

5/2/02

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2*To Be Completed by Human Resources*

92 MAY 3 2002

VacationFloating Holidays

- 1) Total Days Due: _____
 2) Days Requested: _____
 3) Days Remaining: _____

(1 - 2 = 3)

- Total Days Due: _____
 Days Requested: _____
 Days Remaining: _____

Human Resources Representative's Signature

Date

SECTION 3*To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☐ Disapproved ☐SUPERINTENDENT: Approved ☐ Disapproved ☐

Willie 5/2/02
 Signature Date

 Signature Date

FOREMAN: Approved ☐ Disapproved ☐PLANT MANAGER: Approved ☐ Disapproved ☐

 Signature Date

 Signature Date

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

D00029

MOUNTAIRE FARMS OF DELMARVA

Request for Vacation or Floating Holiday

SECTION 1*To Be Completed by Employee*

Date of Hire

4/16/01

Dept.

5620

Employee Name:

Arthur Fogel Sr.

SS#

221-34-3196☒ Union☐ Non-Union Hourly☐ Salaried**VACATION:**☐ 1/2 Day

Date Requested _____

☐ Full Day(s)

Date(s) Requested _____

FLOATING HOLIDAY:

(circle one)

Date Requested May 10 - 2002Calendar

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Employee Signature

Arthur Fogel Sr.

Date

4/17/02

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2*To Be Completed by Human Resources***Vacation****Floating Holidays**

- 1) Total Days Due: _____
- 2) Days Requested: _____
- 3) Days Remaining: _____

(1 - 2 = 3)

- Total Days Due: _____
- Days Requested: 1
- Days Remaining: _____

Human Resources Representative's Signature

Date

SECTION 3*To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☒ Disapproved ☐SUPERINTENDENT: Approved ☐ Disapproved ☐Signature Walter DeanDate 4/17/02

Signature _____

Date _____

FOREMAN: Approved ☐ Disapproved ☐PLANT MANAGER: Approved ☐ Disapproved ☐

Signature _____

Date _____

Signature _____

Date _____

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

D00030

MOUNTAIRE Request for Vacation or Floating Holiday			
SECTION 1	<i>To Be Completed by Employee</i>	Date of Request <u>11/4/03</u>	Dept. <u>L.H.</u>
Employee Name: <u>Leon Tucker</u>		SS# <u>222-50-8800</u>	
<div style="display: flex; justify-content: space-between;"> <div> VACATION: <input type="checkbox"/> Other _____ <input type="checkbox"/> Full Day Date Requested _____ <input type="checkbox"/> Extended Period Dates Requested FROM _____ TO _____ </div> <div> Time Requested FROM _____ TO _____ </div> </div>			
FLOATING HOLIDAY: Date Requested <u>11/5/03</u> <i>Monday</i> (circle one) <u>Calendar</u> Anniversary <u>Work</u>			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
Employee Signature <u>Leon V. Tucker</u>		Date <u>11/4/03</u>	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2 <i>To Be Completed by Human Resources</i>		DATE OF HIRE: <u>1.16.03</u>	
<u>Vacation</u>		<u>Floating Holidays</u>	
1) Total Days Eligible: _____	2) Days Taken: _____	Total Days Eligible: _____	Days Taken: _____
3) Days Requested: _____	4) Days Remaining: _____	Days Requested: _____	Days Remaining: _____
(1 - 2 - 3 = 4)		<u>PAYROLL</u> NOV 08 2003 <u>WEEK END</u>	
Human Resources Representative's Signature _____		Date _____	
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>			
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> <u>Willie Davis</u> <u>11/4/03</u> Signature _____ Date _____		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature _____ Date _____	
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature _____ Date _____		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature _____ Date _____	
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			
D00031			

MOUNTAIRE FARMS OF DELMARVA

Request for Vacation or Floating Holiday

SECTION 1*To Be Completed by Employee*

Date of Hire

4/8/97

Dept.

5620

Employee Name:

Russell West

SS#

221-36-4570☒ Union☐ Non-Union Hourly☐ Salaried**VACATION:**☐ 1/2 Day

Date Requested _____

☐ Full Day(s)

Date(s) Requested _____

FLOATING HOLIDAY:

Date Requested

money onlyonly 1

(circle one)

Calendar~~Anniversary~~(Both)

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my Supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Russell West
Employee Signature

4/2/12/02
Date

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2*To Be Completed by Human Resources*

JL FEE 14

Vacation**Floating Holidays**

- 1) Total Days Due: _____
 2) Days Requested: _____
 3) Days Remaining: _____

(1 - 2 = 3)

- Total Days Due: _____
 Days Requested: _____
 Days Remaining: _____

Human Resources Representative's Signature _____

Date _____

SECTION 3*To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☐ Disapproved ☐SUPERINTENDENT: Approved ☐ Disapproved ☐

Walter Va
Signature

02/12/02
Date

Signature

Date

FOREMAN: Approved ☐ Disapproved ☐PLANT MANAGER: Approved ☐ Disapproved ☐

Signature _____

Date _____

Signature _____

Date _____

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

D00032

MOUNTAIRE FARMS OF DELMARVA

Request for Vacation or Floating Holiday

SECTION 1*To Be Completed by Employee*

Date of Hire

4/8/97

Dept.

5620

Employee Name:

Russell West

SSH

221-36-4570☒ Union☐ Non-Union Hourly☐ Salaried**VACATION:**☐ 1/2 Day

Date Requested

money only (2 weeks)☐ Full Day(s)

Date(s) Requested

FLOATING HOLIDAY:

(circle one)

Date Requested

Calendar

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Russell West
Employee Signature

Date

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2*To Be Completed by Human Resources*

02 MAR 25 94

Vacation**Floating Holidays**

- 1) Total Days Due: _____
2) Days Requested: _____
3) Days Remaining: _____

(1 - 2 = 3)

- Total Days Due: _____
Days Requested: _____
Days Remaining: _____

Human Resources Representative's Signature

Date

SECTION 3*To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☒ Disapproved ☐SUPERINTENDENT: Approved ☐ Disapproved ☐

Willie Carter
Signature Date

Signature Date

FOREMAN: Approved ☐ Disapproved ☐PLANT MANAGER: Approved ☐ Disapproved ☐

Signature Date

Signature Date

NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

D00033

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday		FAXE 12/8										
<div style="display: flex; justify-content: space-between;"> <div> SECTION 1 <i>To Be Completed by Employee</i> </div> <div> Date of Hire <u>4/19/99</u> Dept. <u>5622</u> </div> </div>												
Employee Name: <u>Antonio Walters</u> SS# <u>222-56-3610</u> <div style="float: right; text-align: right;"> <input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried </div>												
VACATION: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1/2 Day <input type="checkbox"/> Full Day(s) </div> <div> Date Requested _____ Date(s) Requested _____ </div> </div>												
FLOATING HOLIDAY: <div style="display: flex; justify-content: space-between;"> <div> Date Requested <u>money only</u> </div> <div> (circle one) Calendar <input type="checkbox"/> Anniversary <input checked="" type="checkbox"/> </div> </div>												
<p><i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i></p> <div style="display: flex; justify-content: space-between;"> <div> <u>Antonio Walters</u> Employee Signature </div> <div> <u>X 12/5/03</u> Date </div> </div>												
<p>NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.</p>												
<div style="display: flex; justify-content: space-between;"> <div> SECTION 2 <i>To Be Completed by Human Resources</i> </div> </div>												
<table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 50%; text-align: center;"><u>Vacation</u></th> <th style="width: 50%; text-align: center;"><u>Floating Holidays</u></th> </tr> </thead> <tbody> <tr> <td>1) Total Days Due: _____</td> <td>Total Days Due: _____</td> </tr> <tr> <td>2) Days Requested: _____</td> <td>Days Requested: _____</td> </tr> <tr> <td>3) Days Remaining: _____</td> <td>Days Remaining: _____</td> </tr> <tr> <td style="text-align: center;">(1 - 2 = 3)</td> <td></td> </tr> </tbody> </table>			<u>Vacation</u>	<u>Floating Holidays</u>	1) Total Days Due: _____	Total Days Due: _____	2) Days Requested: _____	Days Requested: _____	3) Days Remaining: _____	Days Remaining: _____	(1 - 2 = 3)	
<u>Vacation</u>	<u>Floating Holidays</u>											
1) Total Days Due: _____	Total Days Due: _____											
2) Days Requested: _____	Days Requested: _____											
3) Days Remaining: _____	Days Remaining: _____											
(1 - 2 = 3)												
<div style="display: flex; justify-content: space-between;"> <div>Human Resources Representative's Signature _____</div> <div>Date _____</div> </div>												
<div style="display: flex; justify-content: space-between;"> <div> SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i> </div> </div>												
<table style="width: 100%; border: none;"> <tbody> <tr> <td style="width: 50%; vertical-align: top;"> SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> <u>William Davis</u> <u>12/5/03</u> Signature Date </td> <td style="width: 50%; vertical-align: top;"> SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature Date </td> </tr> <tr> <td style="vertical-align: top;"> FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature Date </td> <td style="vertical-align: top;"> PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature Date </td> </tr> </tbody> </table>			SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> <u>William Davis</u> <u>12/5/03</u> Signature Date	SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature Date	FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature Date	PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature Date						
SUPERVISOR: Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/> <u>William Davis</u> <u>12/5/03</u> Signature Date	SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature Date											
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature Date	PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature Date											
<p>NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.</p> <div style="text-align: right;">D00034</div>												

JAN 14 2005

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday

SECTION 1

To Be Completed by Employee

Date of Hire

2/23/96

Dept.

5620

Employee Name:

Wardell Foreman SS# 214-66-9479

☒ Union☐ Non-Union Hourly☐ Salaried

VACATION:

☐ 1/2 Day

Date Requested

☐ Full Day(s)

Date(s) Requested

FLOATING HOLIDAY:

Date Requested

Money only (circle one)

Calendar

Anniversary

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Employee Signature

Wardell Foreman Jr.

Date

4-10-02

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2

To Be Completed by Human Resources

Vacation

- 1) Total Days Due: _____
- 2) Days Requested: _____
- 3) Days Remaining: _____

(1 - 2 = 3)

Floating Holidays

- Total Days Due: _____
- Days Requested: _____
- Days Remaining: _____

Human Resources Representative's Signature

Date

SECTION 3

To Be Completed by Employee's Supervisor(s) and/or Manager(s)

SUPERVISOR: Approved ☒ Disapproved ☐SUPERINTENDENT: Approved ☐ Disapproved ☐

Signature

Date

Signature

Date

FOREMAN: Approved ☐ Disapproved ☐PLANT MANAGER: Approved ☐ Disapproved ☐

Signature

Date

Signature

Date

NOTE:

PINK TO EMPLOYEE, YELLOW TO PAYROLL, WHITE TO PERSONNEL/VACATION FILE.
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

D00035

MOUNTAIRE FARMS OF DELMARVA

Request for Vacation or Floating Holiday

SECTION 1*To Be Completed by Employee*Date of Hire 2/23/96Dept. 5620Employee Name: Wardell ForemanSS# 214-66-9479

- ☒ Union
☐ Non-Union Hourly
☐ Salaried

VACATION:☐ 1/2 DayDate Requested money only☐ Full Day(s)Date(s) Requested 2 weeks**FLOATING HOLIDAY:**

(circle one)

Date Requested _____

Calendar _____

Anniversary _____

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Wardell Foreman
 Employee Signature

02/01/02
 Date

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2*To Be Completed by Human Resources***Vacation****Floating Holidays**

- 1) Total Days Due: _____
 2) Days Requested: _____
 3) Days Remaining: _____

(1 - 2 = 3)

- Total Days Due: _____
 Days Requested: _____
 Days Remaining: _____

Human Resources Representative's Signature _____

Date _____

SECTION 3*To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☐ Disapproved ☐SUPERINTENDENT: Approved ☐ Disapproved ☐

Will [Signature] 02/11/02
 Signature Date

 Signature Date

FOREMAN: Approved ☐ Disapproved ☐PLANT MANAGER: Approved ☐ Disapproved ☐

 Signature Date

 Signature Date

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

D00036

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday			
SECTION 1 <i>To Be Completed by Employee</i>		Date of Hire <u>2/23/96</u>	Dept. <u>5620</u>
Employee Name: <u>Wardell Foreman</u>		ID# <u>214-66-9479</u>	
		<input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried	
VACATION: <input type="checkbox"/> 1/2 Day Date Requested _____ <input type="checkbox"/> Full Day(s) Date(s) Requested _____			
FLOATING HOLIDAY: Date Requested <u>Money only</u> (circle one) <u>Calendar</u> <u>Anniversary</u>			
<i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i>			
<u>Wardell Foreman</u> Employee Signature		<u>3/1/02</u> Date	
NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.			
SECTION 2 <i>To Be Completed by Human Resources</i>			
<u>Vacation</u>		<u>Floating Holidays</u>	
1) Total Days Due: _____	Total Days Due: _____		
2) Days Requested: _____	Days Requested: _____		
3) Days Remaining: _____	Days Remaining: _____		
(1 - 2 = 3)			
Human Resources Representative's Signature _____		Date _____	
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>			
SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
<u>Walter</u> Signature	_____ Date	_____ Signature	_____ Date
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	
_____ Signature	_____ Date	_____ Signature	_____ Date
NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.			
			D00037

C:\Data\WPDATA\FORMS\COR\DelMar

A00259

MOUNTAIRE FARMS OF DELMARVA Request for Vacation or Floating Holiday			
SECTION 1	<i>To Be Completed by Employee</i> Date of Hire <u>1-6-2000</u> Dept. <u>5620</u>		
<div style="display: flex; justify-content: space-between;"> Employee Name <u>Thomas Major</u> SS# <u>228-38-3810</u> </div> <div style="text-align: right; margin-top: 5px;"> <input checked="" type="checkbox"/> Union <input type="checkbox"/> Non-Union Hourly <input type="checkbox"/> Salaried </div>			
VACATION: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 1/2 Day <input type="checkbox"/> Full Day(s) </div> <div> Date Requested _____ Date(s) Requested _____ </div> </div>			
FLOATING HOLIDAY: (circle one) <div style="display: flex; justify-content: space-around; align-items: center;"> Date Requested <u>money only</u> Calendar <u>Anniversary</u> <u>Both</u> </div>			
<p><i>I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.</i></p> <div style="display: flex; justify-content: space-between;"> Employee Signature <u>Thomas Major</u> Date <u>6/12/02</u> </div>			
<p>NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.</p>			
SECTION 2 <i>To Be Completed by Human Resources</i>			
<u>Vacation</u>		<u>Floating Holidays</u>	
1)	Total Days Due: _____	Total Days Due: _____	
2)	Days Requested: _____	Days Requested: _____	
3)	Days Remaining: _____	Days Remaining: _____	
(1 - 2 = 3)			
Human Resources Representative's Signature _____		Date <u>6/18/02</u>	
SECTION 3 <i>To Be Completed by Employee's Supervisor(s) and/or Manager(s)</i>			
SUPERVISOR: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> <u>Willie Da</u> Signature _____ Date _____		SUPERINTENDENT: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature _____ Date _____	
FOREMAN: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature _____ Date _____		PLANT MANAGER: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> _____ Signature _____ Date _____	
<p>NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE. IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.</p>			
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A00260

MOUNTAIRE FARMS OF DELMARVA

Request for Vacation or Floating Holiday

SECTION 1

To Be Completed by Employee

Date of Hire

1-6-2000

Dept.

5620

Employee Name

Thomas Major

SSN

228-38-3810

- ☒ Union
☐ Non-Union Hourly
☐ Salaried

VACATION:☐ 1/2 Day

Date Requested _____

☐ Full Day(s)

Date(s) Requested _____

FLOATING HOLIDAY:

Date Requested

money only

(circle one)

☒ Calendar☐ Floating HolidayBoth

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Employee Signature

Thomas Major

Date

6/12/02

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2

To Be Completed by Human Resources

Vacation

- 1) Total Days Due: _____
 2) Days Requested: _____
 3) Days Remaining: _____
 (1 - 2 = 3)

Floating Holidays

- Total Days Due: _____
 Days Requested: 1
 Days Remaining: _____

JUN 15 2002WEEK ENDING

Human Resources Representative's Signature

Date

SECTION 3

To Be Completed by Employee's Supervisor(s) and/or Manager(s)

SUPERVISOR: Approved ☐ Disapproved ☐

Signature

Date

FOREMAN: Approved ☐ Disapproved ☐

Signature

Date

SUPERINTENDENT: Approved ☐ Disapproved ☐

Signature

Date

PLANT MANAGER: Approved ☐ Disapproved ☐

Signature

Date

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

D00039

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A00261

MOUNTAIRE

Time Off Request Form

Name Richard Parker S.S.# 212-40-7692

Date of Hire ~~12-11-94~~ 3-14-95 Department Chicken Catcher

☒ UNION

☐ NON-UNION HOURLY

☐ SALARIED

5680

<p>(CHECK ONE):</p> <p>Vacation <input checked="" type="checkbox"/></p>	<p>Personal/Floating Holiday - Calendar</p> <p>Personal/Floating Holiday - Anniversary</p>
---	--

Day/Date(s) Requested 07/09/01 until 07/16/01 1wk

I UNDERSTAND THAT IF THIS REQUEST IS GRANTED, I AM TO RETURN ON THE NEXT SCHEDULED WORK DAY AND THAT IF ANYTHING SHOULD PREVENT MY RETURN I WILL CONTACT MY SUPERVISOR AND HUMAN RESOURCES AND ADVISE THEM OF THE CIRCUMSTANCES. THEY WILL COUNSEL ACCORDINGLY.

Richard Parker
Employee's Signature

6-19-01
Date

8 JUN 29 3

[Signature]
SUPERVISOR'S SIGNATURE

06/26/01 ☒ APPROVED ☐ DISAPPROVED
DATE

FOREMAN'S SIGNATURE

DATE ☐ APPROVED ☐ DISAPPROVED

SUPERINTENDENT'S SIGNATURE

DATE ☐ APPROVED ☐ DISAPPROVED

PLANT MANAGER'S SIGNATURE

DATE ☐ APPROVED ☐ DISAPPROVED

PAYROLL
☐ APPROVED ☐ DISAPPROVED
JUN 30 2001
WEEK ENDING

FOR OFFICE USE ONLY:	# OF DAYS DUE	
	# OF DAYS REQUESTED	
	# OF DAYS LEFT	

FORM 011 wpd:dm
September 23, 1999

D00040

A00262

MOUNTAIRE FARMS OF DELMARVA

Request for Vacation or Floating Holiday

SECTION 1 To Be Completed by Employee Date of Hire 12/21/89 Dept. CATCHER
 Employee Name: Richard Parker SS# 212-40-7692 5620
☐ Union
☐ Non-Union Hourly
☐ Salaried

VACATION:

☐ 1/2 Day Date Requested _____
☒ Full Day(s) Date(s) Requested 12-14-01 (1) wk

FLOATING HOLIDAY:

(circle one)

Date Requested _____ Calendar _____ Anniversary _____

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

x Richard Parker Date 12/13/01
 Employee Signature _____ Date _____

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2 To Be Completed by Human ResourcesVacationFloating Holidays

1)	Total Days Due: _____	Total Days Due: _____
2)	Days Requested: _____	Days Requested: _____
3)	Days Remaining: _____	Days Remaining: _____

(1 - 2 = 3) DEC 15 2001

Human Resources Representative's Signature _____

Date _____

SECTION 3 To Be Completed by Employee's Supervisor(s) and/or Manager(s)SUPERVISOR: Approved ☒ Disapproved ☐SUPERINTENDENT: Approved ☒ Disapproved ☐

Will Dan 12/12/01
 Signature _____ Date _____

 Signature _____ Date _____

FOREMAN: Approved ☐ Disapproved ☐PLANT MANAGER: Approved ☐ Disapproved ☐

 Signature _____ Date _____

 Signature _____ Date _____

NOTE: PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

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MOUNTAIRE FARMS OF DELMARVA

Request for Vacation or Floating Holiday

SECTION 1 *To Be Completed by Employee* Date of Hire 03/14/95 Dept. 5620

Employee Name: Richard Parker SS# 212-40-7692

☒ Union
☐ Non-Union Hourly
☐ Salaried

VACATION:

☐ ½ Day Date Requested _____
☐ Full Day(s) Date(s) Requested _____

FLOATING HOLIDAY:

Date Requested Money only (circle one) Calendar Anniversary 2001

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Richard Parker
Employee Signature

3-15-02
Date

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2 *To Be Completed by Human Resources*

Vacation

1) Total Days Due: _____
2) Days Requested: _____
3) Days Remaining: _____
(1 - 2 = 3)

Floating Holidays

Total Days Due: _____
Days Requested: _____
Days Remaining: _____

Human Resources Representative's Signature _____

Date _____

SECTION 3 *To Be Completed by Employee's Supervisor(s) and/or Manager(s)*

SUPERVISOR: Approved ☒ Disapproved ☐

SUPERINTENDENT: Approved ☐ Disapproved ☐

Willie Dean 3/15/02
Signature Date

Signature Date

FOREMAN: Approved ☐ Disapproved ☐

PLANT MANAGER: Approved ☐ Disapproved ☐

Signature Date

Signature Date

NOTE:

PINK TO EMPLOYEE, YELLOW TO PAYROLL, WHITE TO PERSONNEL/VACATION FILE.
IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

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A00264

MOUNTAIRE FARMS OF DELMARVA

Request for Vacation or Floating Holiday

SECTION 1*To Be Completed by Employee*

Date of Hire

12/21/89

Dept.

Catcher

Employee Name:

Richard Parker

SSN

212-40-7692☒ Union☐ Non-Union Hourly☐ Salaried**VACATION:**☐ 1/2 Day

Date Requested _____

☐ Full Day(s)

Date(s) Requested _____

FLOATING HOLIDAY:

(circle one)

Date Requested

5-2-02Calendar

Anniversary _____

I understand that if this request is granted, I am to return on the next scheduled work day. If anything should prevent my return, I will contact my supervisor and the Human Resources Department to advise them of my circumstances. They will counsel accordingly.

Richard Parker
Employee Signature

4-26-02
Date

NOTE: This form must be completed and received by the Human Resources Department at least 2 weeks prior to the requested day(s) off. If 2-week notification is not given, vacation/holiday pay may be delayed.

SECTION 2*To Be Completed by Human Resources*VacationFloating Holidays

- 1) Total Days Due: _____
 2) Days Requested: _____
 3) Days Remaining: _____

(1 - 2 = 3)

- Total Days Due: _____
 Days Requested: _____
 Days Remaining: _____

Human Resources Representative's Signature _____

Date _____

SECTION 3*To Be Completed by Employee's Supervisor(s) and/or Manager(s)*SUPERVISOR: Approved ☒ Disapproved ☐SUPERINTENDENT: Approved ☐ Disapproved ☐

Signature _____

Date _____

Signature _____

Date _____

FOREMAN: Approved ☐ Disapproved ☐PLANT MANAGER: Approved ☐ Disapproved ☐

Signature _____

Date _____

Signature _____

Date _____

NOTE:

PINK TO EMPLOYEE; YELLOW TO PAYROLL; WHITE TO PERSONNEL/VACATION FILE.
 IF DISAPPROVED, REASONS WILL BE STATED ON REVERSE SIDE.

D00043

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